DOCUMENTS OR INFORMATION CONTAINED THEREIN IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE OR FACSIMILE AND MAIL THE ORIGINAL TO US AT THE ABOVE ADDRESS. THANK YOU.

RECEIVED CENTRAL FAX CENTER JUN @ 9 2005

Ø 002

00862.022332.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:			.		
AKIHIRO OUCHI, et al. Application No.: 09/930,453			Examiner: Steven E. Holton		
			Group Art Unit: 2673		
Filed: August 16, 2001		;			
For:	ELECTRONIC BOARD APPARATUS AND DATA PROCESSING METHOD FOR ELECTRONIC BOARD APPARATUS) :) :	June 9, 2005		
Comm P.O. B	top Amendment issioner for Patents ox 1450 ndria, VA 22313-1450				

<u>AMENDMENT</u>

Sir:

In response to the Office Action dated March 9, 2005, please amend the above-identified application, as follows:

the U.S. Patent and Trademark (ndence is being facsimile transmitted to Office on:
Jun	e 9, 2005
(Da	ne of Deposit)
John D. Magluy	an, Reg. No. 56,867
(Name of Atto	erney for Applicant)
JAN Madage	June 9, 2005
Signatur	Date of Signature

In re Application of:

Docket No.

AKIHIRO OUCHI, et al.

00862.022332.

Application No.: 09/930,453

Examiner: Steven E. Holton

Filed: August 16, 2001

Group Art Unit: 2673

En EL ECTRONIC DO ADD

For: ELECTRONIC BOARD APPARATUS AND DATA

PROCESSING METHOD FOR ELECTRONIC BOARD

APPARATUS

Date: June 9, 2005

Mail Stop Amendment THE COMMUSSIONER FOR PATENTS P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

		С	LAIMS AS AMEN	NDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17	MINUS	20	= 0	x \$25 \$50	\$.00
INDEP. CLAIMS	3	MINUS	3	0	x \$100 \$200	\$.00
Fee for Multiple Dependent claims \$180°/\$360					\$.00	
			TOTAL ADDITION THIS AME			\$.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	John D. Magluyan Attorney for Applicants Registration No.: 56,867

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

Form #120

CA_MAIN 97347v1